



APPLICATION FOR SHELTERED WORKSHOP LICENSE

Application is hereby made for a license to pay a special minimum wage to workers under provisions of Section 1191.5 of the Labor Code and Section 6 of the applicable Industrial Welfare Commission Order. **PLEASE CAREFULLY READ THE ACCOMPANYING GENERAL INFORMATION AND INSTRUCTIONS (DLSE 117-A) PRIOR TO COMPLETING THIS APPLICATION.**

<p>1. Name of Organization _____ Street Address: _____ City: _____ County: _____ State: _____ ZIP Code: _____ Mailing Address (If Different than Street Address): _____ City: _____ County: _____ State: _____ ZIP Code: _____ Person DLSE Should Contact: _____ Telephone: (____) _____ Type of Business _____ IWC Order No. _____</p>	<p>2. Certified by U.S. Department of Labor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certificate No. _____ Exp. Date: _____ (Provide a copy) If No, on a separate page, provide an explanation of reason for no certification</p> <p>3. Certified by California Department of Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Vendor No. _____ Exp. Date: _____ (Provide evidence)</p> <p>3a: Certified by California Department of Developmental Services/Regional Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Vendor No. _____ Exp. Date: _____ (Provide evidence)</p> <p>4. Federal Employer Identification No. (FEIN): _____ State Employer Identification No. (SEIN): _____</p>
<p>5. Applicable primary program:</p>	
<p>6. Status (Check One): <input type="checkbox"/> Public (State or Local Government) <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Private, Not For Profit <input type="checkbox"/> Other _____ If you checked Public, STOP - you do not have to complete this application - See General Information and Instructions</p>	
<p>7. This is an application for a: <input type="checkbox"/> New License <input type="checkbox"/> Renewal License See General Information and Instructions (DLSE 117-A) for information required to be listed on separate sheet If renewal, number of clients employed during period covered by previous license: _____ If renewal, wage rate paid during period covered by previous license: _____ If renewal, and wage rate is lower than previous license period, provide explanation and justification for lower wage rate. (Attach separate sheet if necessary). You must also attach copies of documentation that evidences the justification for lower wage rate, including applicable work measurement documentation.</p>	
<p>8. Will clients work at locations other than the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see General Information and Instructions (DLSE 117-A) for information required to be listed on separate sheet</p>	
<p>9. Has certification/accreditation to operate issued by any certifying/accrediting agency ever been denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain circumstances (Attach a separate sheet if necessary)</p>	
<p>10. Does applicant have current workers' compensation insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide evidence of current coverage)</p> <p>Name of Insurer: _____ Policy Number _____ Address: _____ Expiration Date: _____</p>	

11. Disability Groups Employed:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Age Related |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Addictions | <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> General - No Primary Group |
| <input type="checkbox"/> Developmental Disability Specify: _____ | | <input type="checkbox"/> Other Specify: _____ | |

12. Describe work measurement method and evaluation process. (Attach a separate sheets as necessary)

You must also attach copies of work measurement documentation evidencing justification for wage rate being requested (See General Information and Instructions (DLSE 117-A) for instructions regarding required information/documentation)

CERTIFICATION

I certify that I have read this form and to the best of my knowledge and belief, all answers and information given in the application and attachments and the representations set forth in support of this application to obtain or continue authorization to pay workers with disabilities at special minimum wage rates are true. I further represent that the following terms and conditions exist (or will exist for initial applicants):

- (a) workers employed (or who will be employed) under the authority of Labor Code §1191.5 have disabilities for the work to be performed;
- (b) wage rates paid (or which will be paid) to workers with disabilities under the authority of Labor Code §1191.5 are commensurate with those paid experienced workers, who do not have disabilities, in industry in the vicinity for essentially the same type, quality and quantity of work;
- (c) the operations are (or will be) in compliance with the applicable Industrial Welfare Commission Order, the California Labor Code and all applicable State and Federal Law;
- (d) records will be maintained as required by Section 7 of the Industrial Welfare Commission Orders and consistent with the requirements of 29 CFR 525 including documentation of disability, productivity, work measurements and prevailing wage surveys;
- (e) a copy of the license shall be maintained at each location where individuals are employed;
- (f) a copy of the DOL poster "Employee Rights for Workers with Disabilities Paid At Special Minimum Wages" shall be posted at each location where individuals will be employed
- (g) consistent with the requirements of DOL, a wage review must be completed at least once every six months and a prevailing wage survey must be performed annually;
- (h) consistent with the requirements of Cal/OSHA an Injury and Illness Prevention Program (IIPP) shall be maintained along with all required Cal/OSHA documentation and reports; and
- (i) written and oral advice of wage rate being paid has been provided to each worker and/or his/her guardian.

 Print Name

 Title

 Date

 Signature

FOR DLSE USE ONLY